



**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT**

**Human Resources Department**  
 520 FIFTH AVENUE, FAIRBANKS, AK 99701-475

RETURN FORM: Fax (907) 451-6008 or  
 Email: human.resources@k12northstar.org

**VERIFICATION OF SERVICE**

INSTRUCTIONS: **This form should be completed by the department in charge of employment records where prior service was rendered.** This information is required for salary placement and must be date stamped in the FNSBSD Human Resources Department within six (6) weeks from the date of hire. Return the signed and completed form by mail, fax or PDF scan to the Fairbanks School District, Human Resources Dept.

Applicant: \_\_\_\_\_ Name under which service was rendered if different from present name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Last four of SS Number: \_\_\_\_\_ Previous Employee or School ID#: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ **Employee Signature for release of information:** \_\_\_\_\_

School year during which service was rendered: *		School	Type of School:		Actual Number of Days Worked	Hours Per Day	Position Held Content / Subject Taught	Full-Time	Part-Time	Type of Certificate Required:	
From	To		Public	Private						Teaching	Admin.
<i>*Use a separate line for each year of service. Copies of this form may be made if necessary.</i>											
7/1/____	6/30/____										
7/1/____	6/30/____										
7/1/____	6/30/____										
7/1/____	6/30/____										
7/1/____	6/30/____										
7/1/____	6/30/____										

**Employment Status:**  Non Tenure  Tenure  TEMP/non continuing contract

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OFFICIAL EMPLOYMENT RECORDS.

School District: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ District / School hold accreditation:  YES  NO

Certifying Official (Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_ Accrediting Agency: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_